

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: SCREENING TECHNIQUES FOR  
MANAGEMENT OF A NERVOUS SYSTEM  
DISORDER

Attorney Docket Number:: 11738.00149

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure:: 20

Total Drawing Sheets:: 33

Small Entity?: NO

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ivan  
Middle Name::  
Family Name:: Osorio  
Name Suffix::  
City of Residence:: Leawood  
State or Province of Residence:: KS  
Country of Residence:: US  
Street of mailing address:: 4005 W. 124<sup>th</sup> Street  
City of mailing address:: Leawood  
State or Province of mailing address:: KS  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 66209

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: G.  
Family Name:: Frei  
Name Suffix::  
City of Residence:: Lawrence  
State or Province of Residence:: KS  
Country of Residence:: US  
Street of mailing address:: 2513 Via Linda Drive  
City of mailing address:: Lawrence  
State or Province of mailing address:: KS  
Country of mailing address:: US

Postal or Zip Code of mailing address:: 66047

Applicant Authority Type:: Inventor

Primary Citizenship Country:: India

Status:: Full Capacity

Given Name:: Naresh

Middle Name:: C.

Family Name:: Bhavaraju

Name Suffix::

City of Residence:: Lawrence

State or Province of Residence:: KS

Country of Residence:: US

Street of mailing address:: 4700 W. 27<sup>th</sup> Street  
LL5

City of mailing address:: Lawrence

State or Province of mailing address:: KS

Country of mailing address:: US

Postal or Zip Code of mailing address:: 66047

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Thomas

Middle Name:: E.

Family Name:: Peters

Name Suffix::

City of Residence:: Lawrence

State or Province of Residence:: KS

Country of Residence:: US

Street of mailing address:: 1300 Rhode Island Street

City of mailing address:: Lawrence

State or Province of mailing address:: KS  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 66044

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Nina  
Middle Name:: M.  
Family Name:: Graves  
Name Suffix::  
City of Residence:: Minnetonka  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 4312 Ridge Court  
City of mailing address:: Minnetonka  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55391

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Scott  
Middle Name:: F.  
Family Name:: Schaffner  
Name Suffix::  
City of Residence:: Austin  
State or Province of Residence:: TX  
Country of Residence:: US  
Street of mailing address:: 10602 Showboat Cove

City of mailing address:: Austin  
State or Province of mailing address:: TX  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 78730

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CA  
Status:: Full Capacity  
Given Name:: Jonathon  
Middle Name:: E.  
Family Name:: Giftakis  
Name Suffix::

City of Residence:: Brooklyn Park  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 3701 78<sup>th</sup> Avenue N

City of mailing address:: Brooklyn Park  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55443

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: T.  
Family Name:: Rise  
Name Suffix::  
City of Residence:: Monticello

State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 7745 Aetna Avenue, NE  
City of mailing address:: Monticello  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55362

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jonathan  
Middle Name:: C.  
Family Name:: Werder  
Name Suffix::  
City of Residence:: Corcoran  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 23160 Meadowview Drive  
City of mailing address:: Corcoran  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55374

## **Correspondence Information**

Correspondence Customer Number:: 22908

## **Representative Information**

Representative Customer Number:: 22908

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/503,963	09/19/03
This Application	Non-Provisional of	60/418,476	10/15/02

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name:: Medtronic, Inc.  
Street of mailing address:: 710 Medtronic Parkway, NE  
MS-LC340  
City of mailing address:: Mineapolis  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55432